

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4126AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/29/2009
NAME OF PROVIDER OR SUPPLIER PLEASANT CARE GROUP		STREET ADDRESS, CITY, STATE, ZIP CODE 639 K STREET SPARKS, NV 89431		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28725</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/29/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 5 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 4. Four resident files were reviewed and 3 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 250 SS=F	<p>449.217(1) Kitchens-Equipment works; Clean and Sanitary</p> <p>NAC 449.217</p> <p>1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.</p>	Y 250		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 250	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28725 Based on observation and interview on 12/29/09, the food preparation area was not clean allowing for the sanitary preparation of food. The kitchen counter was split near the right side by the sink. It was held closed with a dirty piece of tape. The undersink particle board had been saturated with water in the past and was dirty, crumbling and bent up at the edges. Severity: 2 Scope: 3	Y 250			
Y 254 SS=F	449.217(5) Storage of Food-No chemicals, detergents NAC 449.217 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. This Regulation is not met as evidenced by: Surveyor: 28725 Based on observation on 12/29/09, the facility did not ensure that food (rice) was not stored where soaps and detergents were stored (under the kitchen sink). Severity: 2 Scope: 3	Y 254			

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Y 450	Continued From page 2	Y 450			
Y 450 SS=D	<p>449.231(1) First Aid and CPR</p> <p>NAC 449.231</p> <p>1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28725 Based on record review on 12/29/09, the facility did not ensure that 1 of 3 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #3).</p> <p>Severity: 2 Scope: 1</p>	Y 450			

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